

249188

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2014 - 82 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned should be entered above.

DOUBLE DIAMOND Shuttle & Limo Service

(Please type or print)

Submitted by:

LEROY KERSHAW

Telephone:

(843) 324-9785

Address:

2706 KERSHAW ST

Fax:

N. CHMS 29405 S.C

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

2/27

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 2-5-14

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

DOUBLE DIAMOND Shuttle and Limousine Service LLC

2706 Kershaw ST. A. CHAS SC 29405

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843 324-9785

Phone

Fax

ROY.KERSHAW@MEL.COM

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month \_\_\_\_\_ Year \_\_\_\_\_

### Assets:

Cash	
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	16,000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets*</b>	
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity*</b>	

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Hourly Service 75

AIRPORT TRANSFER - DOWNTOWN 35

LOCAL TRANSPORT IN DOWNTOWN CHARLESTON (up to 2 passengers) 10-20

N-CHARLESTON TO DOWNTOWN 30

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |  |  |                                     |                                       |
|--|--|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee              | <input type="checkbox"/> Florence              | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda       |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester               | <input checked="" type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield          | <input type="checkbox"/> Greenville            | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon             | <input type="checkbox"/> Greenwood             | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg               | <input checked="" type="checkbox"/> Colleton   | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington            | <input checked="" type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort              | <input type="checkbox"/> Dillon                | <input type="checkbox"/> Jasper                | <input type="checkbox"/> Oconee     |                                       |
| <input type="checkbox"/> Berkeley              | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw               | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield             | <input type="checkbox"/> Lancaster             | <input type="checkbox"/> Pickens    |                                       |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input type="checkbox"/> Laurens               | <input type="checkbox"/> Richland   |                                       |

### DESCRIPTION OF EQUIPMENT

**You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.**

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver  
☐ 8-15 Passengers, including driver

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

The following insurance quote is for:

Leroy Kershaw  
Name of Applicant  
2706 Kershaw St. N. Charleston SC 29406  
Address of Applicant:

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 300,000 Limits C5L

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Columbia Insurance Company  
Name of Insurance Company  
200 Wingo Way Suite 200 Mt Pleasant SC  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/20/2014  
Date

Karen Wheeler  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Leroy Kershaw

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

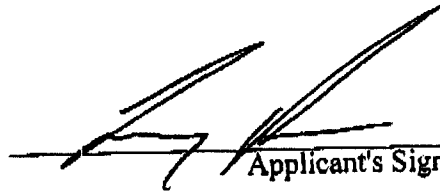
☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

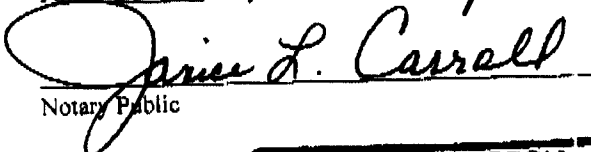
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature  
President And Owner  
Title of Applicant (e.g. President, Owner, etc.)

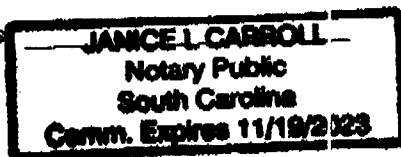
STATE OF SOUTH CAROLINA )

COUNTY OF CHARLESTON )

SWORN TO BEFORE ME  
This 20<sup>th</sup> day of February, 2014

  
Notary Public

Commission Expires



DEC 03 2013

1 COPY

Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company - Domestic  
Filing Fee - \$110.00

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Double Diamond Shuttle and Limo Service LLC

\*NOTE: The name of the limited liability company must contain one of the following endings:  
"limited liability company" or "limited company" or the abbreviation "LLC.", "LLC", "L.C."  
"L.C.", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

2706 Kershaw St

N. Charleston, SC 29405

3. The initial agent for service of process is

Leroy Kershaw

[Signature]  
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

2706 Kershaw St

N. Charleston SC 29405

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one

(a) Leroy Kershaw

2706 Kershaw St

N. Charleston SC 29405

(b) Ursula Kershaw

2706 Kershaw St

N. Charleston SC 29405

131024-0017 FILED: 10/18/2013  
DOUBLE DIAMOND SHUTTLE AND LIMO SERVICE LLC  
Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified.
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
- (b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

X \_\_\_\_\_  
Signature of Organizer

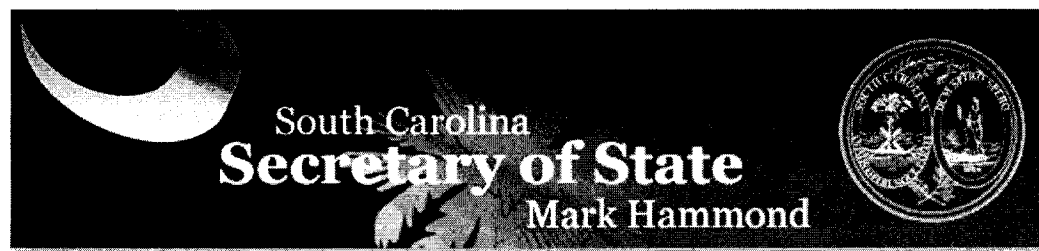
Date

10-17-13

X *Theresa Karsnow*  
Signature of Organizer

Date

10-17-13

**DOUBLE DIAMOND SHUTTLE AND LIMO SERVICE LLC**

*Note: This online database was last updated on 2/26/2014 6:01:25 PM.*

*See our Disclaimer.*

**DOMESTIC / FOREIGN:**

Domestic

**STATUS:**

Good Standing

**STATE OF INCORPORATION**

SOUTH CAROLINA

**/ ORGANIZATION:**

Profit

**REGISTERED AGENT INFORMATION****REGISTERED AGENT NAME:**

LEROY KERSHAW

**ADDRESS:**

2706 KERSHAW ST.

**CITY:**

NORTH CHARLESTON

**STATE:**

SC

**ZIP:**

29405

**SECOND ADDRESS:****FILE DATE:**

10/18/2013

**EFFECTIVE DATE:**

10/18/2013

**DISSOLVED DATE:**

//

**Corporation History Records**

CODE	FILE DATE	COMMENT	Document
Domestic LLC	10/18/2013	AT WILL	

Disclaimer: The South Carolina Secretary of State's Business Filings database is provided as a convenience to our customers to research information on business entities filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the business entity to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from this database does so at his own risk.

Physical Address: Edgar Brown Building - 1205 Pendleton Street Suite 525 Columbia, SC 29201

Mailing Address: SC Secretary of State's Office 1205 Pendleton Street Suite 525 Columbia, SC 29201